



Form 3830-004
 (January 2020)

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

FORM APPROVED
 OMB NO.: 1004-0114
 Expires: April 30, 2023

AFFIDAVIT OF ANNUAL ASSESSMENT WORK

WHEN RECORDED, MAIL DOCUMENT TO:

NAME: Chris Holling

ADDRESS: PO Box 190

CITY, STATE, ZIP: La Center, WA 98629

FOR COUNTY RECORDER'S USE

No. of Claims 1
 x \$15/claim
 Total due BLM \$ 45.00

TO ALL WHOM IT MAY CONCERN:

- The undersigned certifies that at least \$100 per claim was expended for development, labor and improvements, or equivalent value added, as the annual assessment work for the assessment year ending September 1, 2021 for the following contiguous unpatented mining claim(s), located in the County of _____, in the State of _____

BLM Serial No.	Name of Claim	Tp	Rg	Sec	Mer	County Recordation Book and Page No.	Co. Recording Date
<u>07mc173388</u>	<u>Lucky I & II</u>	<u>T4N</u>	<u>R5E</u>	<u>Sec 32</u>	<u>Willamit</u>	<u>002307</u>	<u>11/25/19</u>

2. Type of labor and improvements (specify what was done and give the total value for that labor and improvement to show at least \$100 for each claim). If a geological, geochemical, or geophysical survey was performed, as per 30 U.S.C. 28-1, reference the title of the report of survey, give cost and date of the survey and report, and indicate it was filed with the County Recorder:

Description of Work Performed	Value of Work Performed	Date Work Was Performed
Road clear/Trim/trash	\$80	5/29/2021
Trail trim / garbage clean	\$80	4/29/2021
Trash, trim, Brass	\$80	4/7/2021
Road clear / trail clear / trash	\$80	2/8/2021

3. Name and mailing address of each person who performed the labor and improvements:

Name (please print)
Chris Holding

Current Mailing Address (please print)
PO Box 190, La Center
WA 98629

James Kiltsonh

24507 NE Dresser Road
Camas WA 98607

Anthony Lovell

1120 W Fairview Dr #42
Springfield, OR 97477

4. Name and mailing address of each person who holds and claims the subject mining claim(s) for the valuable minerals contained therein. Be sure to indicate if there is a change of address:

Name (please print)
Chris Holding

Current Mailing Address (please print)
PO Box 190, La Center
WA 98629

Kevin Ford

(Deceased)

Anthony Lovell

1120 W Fairview Dr #42
Springfield, OR 97477

5. The undersigned testifies that on the date of NOV 25TH, 2021, all monuments required by law were erected upon the subject claim(s), and all notices required by law were posted on the subject claim(s) or copies thereof were in place, and at said date, each corner monument bore or contained markings sufficient to appropriately designate the corner of the claim to which it pertains and the name of the claim(s).

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
**MAINTENANCE FEE PAYMENT FORM
FOR PLACER MINING CLAIMS**

Remitter Name: <u>Chris Holling</u> Mailing Address: <u>PO Box 190</u> City, State, Zip: <u>La Center, WA, 98629</u> <input type="checkbox"/> Check here if this is a change of address.	FOR COUNTY RECORDER'S USE
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No. of claims 1
Total due BLM \$ 45.00

1. The maintenance fee may be paid by cash, check, money order, Bureau of Land Management (BLM) Declining Deposit Account, or credit card (VISA, American Express, Discover, or MasterCard). Payments must be remitted to the BLM State Office where your claim or site is recorded and received on or before September 1. If the payment is mailed, the envelope must be postmarked by a bona fide delivery service on or before September 1 and received at the proper BLM State Office within 15 calendar days after the due date. Payments may also be made by telephone using a credit card. A complete listing of BLM State Offices with their addresses and phone numbers can be found at <http://www.blm.gov>.
2. The maintenance fee for the following claim(s) applies to the assessment year 2022

CLAIM NAME	BLM SERIAL NO.	ACRES IN CLAIM	PAYMENT DUE TO THE BLM <small>(See Instructions on Page 2)</small>
<u>Lucky I + II</u>	<u>07mc173388</u>	<u>60</u>	<u>\$45</u>

Use a separate sheet for additional claim names, serial numbers, and claimant names and addresses.

INSTRUCTIONS

1. This is an optional form that may be used to satisfy the requirements for the Bureau of Land Management (BLM) under the provisions of 43 U.S.C. §1744 and 30 U.S.C. §28f and the regulations thereunder (43 CFR part 3834). Since local and State laws may vary, you should contact your local and State agencies where the claims are located to ensure all applicable laws and requirements are satisfied.
2. This form should be used to pay the maintenance fee for placer mining claims only. To pay the maintenance fee for lode mining claims, mill sites or tunnel sites, use Form 3830-5.
3. Complete the section for the number of claims and the amount being remitted to the BLM.
4. Enter the year in paragraph 2 for the applicable assessment year.
5. List all mining claim names and the BLM serial number associated to the claim if the BLM has notified you what the serial number is. Every attempt should be made to include the current BLM serial number for each claim listed. List the acreage for each claim and the amount due based on the acreage. See the chart below for amounts due.
6. The maintenance fee for placer mining claims is paid for every 20 acres of the claim or portion thereof. When making a maintenance fee payment for your placer claim, you should make your payment in accordance with the following chart:

Number of acres in the claim	Maintenance Fee Payment Due Per Claim
<= 20 acres	\$165
> 20 acres but <= 40 acres	\$330
> 40 acres but <= 60 acres	\$495
> 60 acres but <= 80 acres	\$660
> 80 acres but <= 100 acres	\$825
> 100 acres but <= 120 acres	\$990
> 120 acres but <= 140 acres	\$1,155
> 140 acres but <= 160 acres	\$1,320
> 160 acres	Contact the BLM

Legend: > means greater than; < means less than; = means equal to

7. The name and current mailing addresses of the person paying the maintenance fee(s) should be listed at the top of the form. If this is a change of address for a claimant, that should also be noted.
8. If needed, an additional sheet can be used to continue listing claim names, BLM serial numbers, acres in claim, payment due or the name and current mailing address of additional claimants.
9. If paying by credit card, you must complete the following credit card information on page 4: (a) exact name on the face of the credit card; (b) amount paid; (c) type of card; (d) credit card number; (e) expiration date of the card; and (f) telephone number. You must also sign page 4 to show authorization to charge the credit card.

NOTICES

THE PRIVACY ACT and 43 CFR 2.48(d) require that you be furnished with the following information in connection with the information requested by this form.

AUTHORITY: 30 U.S.C. 28f and 43 CFR part 3834 permit collection of the information requested by this form.

PRINCIPAL PURPOSE: The BLM will use the information you provide to record the annual maintenance fee payment for the claims listed and to verify that payment has been made in accordance with 30 U.S.C. 28f and 43 CFR part 3834.

ROUTINE USES: The BLM will only disclose this information in accordance with the provisions at 43 CFR 2.56(b) and (c).

EFFECT OF NOT PROVIDING INFORMATION: Disclosure of the requested information is required by 30 U.S.C. 28f and 43 CFR part 3834 for claimants paying the annual maintenance fee. The use of this specific form when paying the maintenance fee is optional. However, when paying the maintenance fee, it is the requested information on this form that is required to be submitted along with the fee. Failure to submit all the required information will delay the BLM's processing of the information and may preclude the BLM's acceptance of the maintenance fee payment, which may result in forfeiture of the mining claim(s) by the claimant.

I hereby certify under penalty of perjury under the laws of the State of Washington that the foregoing statements are true and correct:

[Signature] Date: 8-20-2021
(Signature of person responsible for above statement)

Title 18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

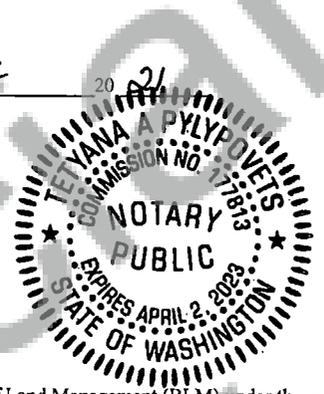
Notary Block

SUBSCRIBED AND SWORN TO before me, this 20th day of August 2021

By: Tetyana A Pylypovets
(Signature of Affiant)

Title: Notary Public

My Commission Expires: April 2, 2023



INSTRUCTIONS

1. This is an optional form that may be used to satisfy the requirements for the Bureau of Land Management (BLM) under the provisions of 43 U.S.C. §1744 and 30 U.S.C. §28-28d and the regulations thereunder (43 CFR part 3835). Since local and State laws may vary, you should contact your local and State agencies where the claims are located to ensure all applicable laws and requirements are satisfied.
2. The claimant(s) must fill in the date in paragraph 1 for the applicable assessment year and the county and state where the claims are located.
3. All claim names and BLM serial numbers for which this assessment affidavit applies must be listed. Additionally, legal descriptions, and original county recording information may be listed for additional identification purposes.
4. The claimant(s) must complete paragraph 2 listing all labor or improvements which was performed on or did benefit the subject mining claims. The value and date of the labor or improvements must also be listed. The total amount of labor or improvements can be listed, but the total expenditure must equal at least \$100 for each claim.
5. The names and current mailing addresses of the person(s) performing the labor must be listed in paragraph 3.
6. The name and current mailing address of each owner (claimant) of the claims must be listed in paragraph 4. The mailing address shall be the owner's address and not the address of an agent or anyone representing the claimant. Be sure to note if there has been a change of address.
7. Paragraph 5 shall be completed to show the date it was verified that all monuments required by law were properly erected, all notices were posted, and that corners were appropriately designated for all claims listed.
8. An exact legible reproduction or duplicate (other than microfilm or other electronic media) of this affidavit or another type of affidavit of assessment work that you file or will file in the county where each claim is located, must be filed with the BLM on or before December 30 of the calendar year in which the assessment year ends. For mill or tunnel sites, a separate notice of intent to hold must be filed with the BLM on or before December 30. Requirements for filing a notice of intent to hold can be found at 43 CFR 3835.33.
9. A processing fee of \$15 for each claim listed must be remitted to the BLM along with this or any other affidavit of assessment work.

NOTICES

THE PRIVACY ACT and 43 CFR 2.223(d) require that you be furnished with the following information in connection with the information requested by this form.

AUTHORITY: 30 U.S.C. §28-28d and 43 CFR part 3835 permit collection of the information requested by this form.

PRINCIPAL PURPOSE: The BLM will use the information you provide to document compliance with 43 U.S.C. 1744 and that assessment work has been completed in accordance with 30 U.S.C. § 28-28d and 43 CFR part 3835 in lieu of paying the maintenance fee for the mining claims listed on this form.

ROUTINE USES: The BLM will only disclose this information in accordance with the provisions at 43 CFR 2.231(b) and (c).

EFFECT OF NOT PROVIDING INFORMATION: Disclosure of the requested information is required by 30 U.S.C. § 28-28d and 43 CFR part 3835 for claimants qualified to perform assessment work in lieu of paying the maintenance fee. Failure to submit all the requested information or to complete this form will delay the BLM's processing of the form and may preclude the BLM's acceptance of the assessment work information, which may result in forfeiture of the mining claim(s) by the claimant.

RELEVANT SYSTEM OF RECORDS NOTICE (SORN) CITATION: The Recordation of Mining Claims SORN may be found at 47 FR 55326 (December 8, 1982).

THE PAPERWORK REDUCTION ACT requires us to inform you that:

Use of this form is optional. You must perform assessment if a waiver to pay the maintenance fee has been requested. This form is provided to help you attest that annual assessment work has been completed in lieu of paying the maintenance fee for your claim(s). Submission of the requested information is necessary to obtain or retain a benefit.

You do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a valid OMB control number.

BURDEN HOURS STATEMENT: The estimated public reporting burden for this form is 30 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may submit comments regarding the burden estimate or any other aspect of this form to: U.S. Department of the Interior, Bureau of Land Management (1004-0114), Bureau Information Collection Clearance Officer (WO-630), 1849 C Street, N.W., Room 2134LM, Washington, D.C. 20240.

I hereby certify under penalty of perjury under the laws of the State of Washington that the foregoing statements are true and correct:

[Signature] Date: 8/20/2021
(Signature of person responsible for above statement)

Title 18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Notary Block

SUBSCRIBED AND SWORN TO before me, this 20th day of August 20 21

By: Tetyana A. Pilypovets
(Signature of Affiant)

Title: Notary Public

My Commission Expires: April 2, 2023



INSTRUCTIONS

1. This is an optional form that may be used to satisfy the requirements for the Bureau of Land Management (BLM) under the provisions of 43 U.S.C. §1744 and 30 U.S.C. §28-28d and the regulations thereunder (43 CFR part 3835). Since local and State laws may vary, you should contact your local and State agencies where the claims are located to ensure all applicable laws and requirements are satisfied.
2. The claimant(s) must fill in the date in paragraph 1 for the applicable assessment year and the county and state where the claims are located.
3. All claim names and BLM serial numbers for which this assessment affidavit applies must be listed. Additionally, legal descriptions, and original county recording information may be listed for additional identification purposes.
4. The claimant(s) must complete paragraph 2 listing all labor or improvements which was performed on or did benefit the subject mining claims. The value and date of the labor or improvements must also be listed. The total amount of labor or improvements can be listed, but the total expenditure must equal at least \$100 for each claim.
5. The names and current mailing addresses of the person(s) performing the labor must be listed in paragraph 3.
6. The name and current mailing address of each owner (claimant) of the claims must be listed in paragraph 4. The mailing address shall be the owner's address and not the address of an agent or anyone representing the claimant. Be sure to note if there has been a change of address.
7. Paragraph 5 shall be completed to show the date it was verified that all monuments required by law were properly erected, all notices were posted, and that corners were appropriately designated for all claims listed.
8. An exact legible reproduction or duplicate (other than microfilm or other electronic media) of this affidavit or another type of affidavit of assessment work that you file or will file in the county where each claim is located, must be filed with the BLM on or before December 30 of the calendar year in which the assessment year ends. For mill or tunnel sites, a separate notice of intent to hold must be filed with the BLM on or before December 30. Requirements for filing a notice of intent to hold can be found at 43 CFR 3835.33.
9. A processing fee of \$15 for each claim listed must be remitted to the BLM along with this or any other affidavit of assessment work.

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MAINTENANCE FEE WAIVER CERTIFICATION

FORM APPROVED
OMB NO. 1004-0114
Expires: April 30, 2023

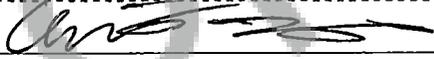
SEE INSTRUCTIONS ON PAGE 2

1. This small miner waiver is filed for the assessment year beginning on September 1, 2020 and ending on September 1, 2021.
2. The undersigned and all related parties owned ten or fewer mining claims, mill, or tunnel sites located and maintained on Federal lands in the United States of America on September 1, 2020.
3. The undersigned have performed the assessment work required by law for each mining claim listed prior to filing this waiver and understand that by filing this form, the undersigned must file an affidavit of assessment work with the Bureau of Land Management (BLM) by the December 30th following the filing of this waiver.
4. The undersigned understand that if the assessment work obligation has not yet come due under 30 U.S.C. 28 (for those claims in their first assessment year only), a notice of intent to hold reciting this condition must be recorded by the December 30th following the filing of this waiver.
5. The undersigned understand that mill and tunnel sites may also be listed on this waiver and be waived from payment of the maintenance fee, and that a notice of intent to hold for these sites is required to be filed with the BLM by the December 30th following the filing of this waiver.
6. The undersigned understand and acknowledge that pursuant to 43 U.S.C. 1212 and 18 U.S.C. 1001, the filing or recording of a false, fictitious, or fraudulent document with the BLM may result in a fine of up to \$250,000, a prison term not to exceed five years, or both.
7. The mining claims, mill or tunnel sites for which this waiver from payment of the maintenance fees is requested are:

CLAIM OR SITE NAME	BLM RECORDATION SERIAL NUMBER
1. <u>Lucky I & II</u>	<u>ORMC 173388</u>
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

The owner(s) (claimants) of the above mining claims and sites are:

Anthony Loveall 
 (Owner's Name - Please Print) (Owner's Original Signature)
1120 W Fairview Dr #412 Springfield OR 97477
 (Owner's Mailing Address) (City) (State) (Zip Code)

Chris Holliday 
 (Owner's Name - Please Print) (Owner's Original Signature)
P2 BOX 190 LeCenter WA 98629
 (Owner's Mailing Address) (City) (State) (Zip Code)

 (Owner's Name - Please Print) (Owner's Original Signature)

 (Owner's Mailing Address) (City) (State) (Zip Code)

 (Owner's Name - Please Print) (Owner's Original Signature)

 (Owner's Mailing Address) (City) (State) (Zip Code)

(Owner's Name - Please Print)	(Owner's Original Signature)		
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Owner's Original Signature)		
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Owner's Original Signature)		
(Owner's Mailing Address)	(City)	(State)	(Zip Code)
(Owner's Name - Please Print)	(Owner's Original Signature)		
(Owner's Mailing Address)	(City)	(State)	(Zip Code)

18 U.S.C. 1001 and 43 U.S.C. 1212 make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

INSTRUCTIONS

1. This certification is made under the provisions of 43 U.S.C. § 1744 and 30 U.S.C. §28-28k and the regulations thereunder (43 CFR Part 3830).
2. The claimant(s) must fill in the years in paragraph 1 for the beginning and ending of the assessment year for which this waiver is sought. For example, if the deadline for filing the waiver is September 1, 2020, it is for the 2021 assessment year and the assessment year's beginning date is September 1, 2020 and its ending date is September 1, 2021.
3. The claimant(s) must fill in the year in paragraph 2 for the beginning of the assessment year for which this waiver is sought. This is the same year as explained in Instruction 2 above. This certifies that the claimant(s) and their related parties owned 10 or fewer claims and sites nationwide as of that date. In order for the waiver to be valid for the entire assessment year, all claimants must not own more than 10 claims and sites for the entire assessment year. If any of the claimants own more than 10 claims and sites during the assessment year, the waiver will become void, and the maintenance fee for the assessment year the claims and sites were under waiver will become due by the next September 1.
4. All claim and site names and BLM serial numbers must be listed for the mining claims, mill sites, and tunnel sites for which the waiver is sought.
5. All owners of the mining claims, mill sites, and tunnel sites and their addresses must be filled in, even if a designated agent is signing the form on behalf of any of the owners.
6. This waiver form must be signed by all the claimants or their designated agent, in original form. If an agent is designated, a notarized designation of agent, signed by all of the claimants with proper address given, must be submitted with this waiver. Agents sign their own names in place of the owner's signature, and the agent's signature must be in original form.
7. This form must be filed no later than September 1st for the upcoming assessment year in the BLM State Office where the mining claims or sites are recorded, or the waiver cannot be granted by the BLM. (Example: To obtain a waiver for the assessment year 2021, which begins on September 1, 2020, you must qualify for and file for a waiver no later than September 1, 2020, in the proper BLM State Office.)
8. You must file a notice of intent to hold by the December 30th immediately following the filing of this waiver. For example, if you file this waiver on August 3, 2020, you must file a notice of intent to hold for the claims and sites listed on this form with BLM by December 30, 2020.
9. For all mining claims which require assessment work, you must file an affidavit of assessment work with BLM on or before the December 30th immediately following the end of the assessment year for which this waiver was filed. For example, if you filed this waiver on or before September 1, 2020 for the 2021 assessment year, you must file an affidavit of labor for the claims listed on this waiver by December 30, 2021. You must make this filing even if you pay the maintenance fee for the next assessment year. For example, you filed this waiver for the 2021 assessment year that ends September 1, 2021, and paid the maintenance fee for the 2022 assessment year on September 1, 2021. You would still be required to file an affidavit of assessment work for the 2021 assessment year by December 30, 2021.
10. For mill and tunnel sites, a notice of intent to hold for these sites is required to be filed by the December 30th following the end of the assessment year for which this waiver was filed.

Furl print
Sent from my iPhone

Begin forwarded message:

From: Chris <cholling@tds.net>
Date: August 19, 2021 at 2:51:48 PM PDT
To: tbs-bw@eprintitservice.com
Subject: Fwd: from Ann leach to Chris

Sent from my iPhone

Begin forwarded message:

From: ann leach <jackannleach@hotmail.com>
Date: August 19, 2021 at 12:53:17 PM PDT
To: cholling@tds.net

Sent from Mail for Windows

August 19, 2021

To Whom It May Concern/ BLM

I am writing this letter as I am the sole survivor to Kevin Ford's interest in this mining claim and I relinquish my/his control to:

Chris Holling and Anthony Loveall

Sincerely,
Ann S Ford-Leach

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-044954

LOCAL FILE NUMBER: 00925

DATE ISSUED: 10/01/2020

FEE NUMBER: 08WFH0108

FIRST AND MIDDLE NAME(S): KEVIN GENE

LAST NAME(S): FORD

COUNTY OF DEATH: COWLITZ

DATE OF DEATH: SEPTEMBER 25, 2020

HOUR OF DEATH: 12:01 AM

SEX: MALE

AGE: 59 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1090 A ST UNIT 54

CITY, STATE, ZIP: WOODLAND, WASHINGTON 98674

RESIDENCE STREET: 1090 A ST 54

CITY, STATE, ZIP: WOODLAND, WA 98674

INSIDE CITY LIMITS: YES

COUNTY: COWLITZ

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 15 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MAY 29, 1961

BIRTHPLACE: BAKERSFIELD, CA

FATHER: GENE A FORD

MOTHER: ANN S SCHWEITZER

MARITAL STATUS: SINGLE, NEVER MARRIED

SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LONGVIEW MEMORIAL PARK CREMATORY

OCCUPATION: TRUCK DRIVER

INDUSTRY: COMMERCIAL TRUCKING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: LONGVIEW, WASHINGTON

DISPOSITION DATE: OCTOBER 02, 2020

INFORMANT: ANN LEACH

RELATIONSHIP: MOTHER

ADDRESS: 7456 ASH PEAK DRIVE, SPARKS, NEVADA, 89436,

FUNERAL FACILITY: WOODLAND FUNERAL HOME

ADDRESS: 660-A GOERIG STREET

CITY, STATE, ZIP: WOODLAND, WASHINGTON 98674

FUNERAL DIRECTOR: ROBERT D. PAINTER

CAUSE OF DEATH:

A: PNEUMONIA

INTERVAL: DAYS

B: SARCOMA

INTERVAL: WEEKS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: MARK C. JOHANSEN, DO

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 14406 NE 20TH AVE

CITY, STATE, ZIP: VANCOUVER, WA 98686

DATE SIGNED: SEPTEMBER 30, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JESSICA BISCHOFF

DATE RECEIVED: SEPTEMBER 30, 2020

Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	First	Middle	Last	MM/DD/YYYY (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First	Middle	Last/Maiden	First Middle Last/Maiden	
6. Name of Person Requesting Correction:		Relationship to Person on Record:		
		<input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____		

7. Return Mailing Address:
PO Box or Street Address _____ City _____ State _____ Zip _____

Telephone Number: () _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature: _____	14b. Signature of 2 nd parent (if required): _____
Printed name: _____ Date: _____	Printed name: _____ Date: _____

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
 - Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
 - No proof is required to change the first or middle name.*
 - To correct parent's information, one proof documentation is required.
 - To correct the sex of the child, one proof documentation from a medical provider is required.
- *To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Adult (18 years or older)

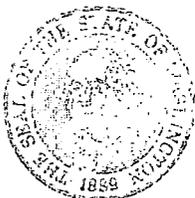
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

Steven Krager

Steven Krager, MD, MPH
Deputy Health Officer/Registrar
Cowlitz County Health Department
Longview, WA



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